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Dated: October 24, 2005

Signature: Brent E. Matthias

(Brent E. Matthias)

Docket No.: 29985/05-112A  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Provisional Application of:  
Mark Ashby et al.

Application No.: 09/621,670

Confirmation No.: 6902

Filed: July 24, 2000

Art Unit: 3765

For: Depth and Puncture Control for Blood Vessel  
Hemostasis System

Examiner: Ismael Izaguirre

**RESPONSE TO NOTICE OF FEE DEFICIENCY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Fee Deficiency mailed October 5, 2005, Applicant respectfully submits a check in the amount of \$350.00 to cover the fees set forth in 37 CFR 1.135.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-3629. A duplicate copy of this paper is enclosed.

Dated: October 24, 2005

Respectfully submitted,

By Brent E. Matthias

Brent E. Matthias

Registration No.: 41,974  
MILLER MATTHIAS & HULL  
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3765

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> For FY 2005		<b>Complete if Known</b>	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/621,670
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 24, 2000
		First Named Inventor	Mark Ashby et al.
		Examiner Name	Ismael Izaguirre
		Art Unit	3765
TOTAL AMOUNT OF PAYMENT (\$)		350.00	Attorney Docket No. 29985/05-112A

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: 50-3629

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 47 = **Extra Claims** 3 x **Fee (\$)** 50.00 = **Fee Paid (\$)** 150.00

**Indep. Claims** 6 = **Extra Claims** 1 x **Fee (\$)** 200.00 = **Fee Paid (\$)** 200.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ /50 (round up to a whole number) x _____ =		

**4. OTHER FEE(S)**

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	41,974
Name (Print/Type)	Brent E. Matthias	Telephone	(312) 977-9902
		Date	October 24, 2005

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Dated: October 24, 2005 Signature: (Brent E. Matthias)

10/26/2005 YPOLITE1 00000043 09621670 150.00 OP 200.00 OP 01 FC:1202 02 FC:1201